Case Number:	CM13-0003148		
Date Assigned:	12/11/2013	**Date of Injury:**	11/24/1997
Decision Date:	04/18/2014	**UR Denial Date:**	07/02/2013
Priority:	Standard	**Application Received:**	07/24/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Podiatric Surgery and is licensed to practice in New York. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The original date of injury is noted as 11-24-1997. According to the enclosed notes, this patient was seen by her podiatrist on January 15, 2013. She was being treated for bilateral painful feet. She had received local steroid injections to both feet during prior visits for neuroma and neuritis, which helped significantly. The physical exam that day reveals continued palpable tenderness to the second and third interspaces bilateral feet. The diagnosis that day was neuroma/neuritis of the second and third interspaces of the bilateral feet, left worse than right. The recommendation for treatment included: continuation of stretching, physical therapy, and orthotic use. Terocin topical was prescribed for use as well due to the patient's continued neuroma pain. Terocin is a compound containing menthol (10%), (active ingredients) capsaicin (.025%), lidocaine (2.5%) and Methyl Salicylate (25%).

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

RETROSPECTIVE: 1 PRESCRIPTION TEROCIN 240MG (DOS 1/15/2013): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (May 2009).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TOPICAL ANALGESICS Page(s): 111-113.

Decision rationale: After careful review of the the enclosed information and the pertinent MTUS guidelines involved in this case, it is my feeling that the decision for Terocin prescription 240 mg is not medically or reasonable at this time. Terocin is a compounded formula with multiple components including menthol (10%), (active ingredients) capsaicin (.025%), lidocaine (2.5%) and Methyl Salicylate (25%). The Chronic Pain Guidelines indicate that any compounded product that contains at least one (1) drug (or drug class) that is not recommended is not recommended. Methyl Salicylate is a non-steroidal anti-inflammatory drug (NSAID). The guidelines also state that the indications for topical non-steroidal anti inflammatories are: "Osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment: Recommended for short-term use (4-12 weeks). There is little evidence to utilize topical NSAIDs for the treatment of osteoarthritis of the spine, hip or shoulder. Neuropathic pain: Not recommended as there is no evidence to support use. FDA-approved agents: VoltarenÂ® Gel 1% (diclofenac): Indicated for relief of osteoarthritis pain in joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist). It has not been evaluated for treatment of the spine, hip or shoulder." This patient does not have a diagnosis of osteoarthritis. Furthermore, NSAIDS are not recommended for neuropathic pain.